## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

55121-8805501

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			21		(COIC					OR <b>7</b>		
FOR			AN IMPER SUED		A // 18 45	TED EVIDA		BASIC FEE	FEE	┨	RATE	FEE
_	<u></u> -		NUMBER FILED		NUME	BER EXTRA		BASIC FEE		OR	BASIC FEE	770.00
	OTAL CHARGE	ABLE CLAIMS	∠   minus 20=		* (			X\$ 9=	9	OR	X\$18=	
	DEPENDENT C		/ minus 3 = /					X43=	43	OR	X86=	
ML	JLTIPLE DEPE	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in (	column 2		TOTAL	437	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
		CLAIMS	1	HIGH	EST	(Coloinii 3)	1 6		ADDI-	]		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		±		·X\$ 9=		OR	X\$18=	
	Independent	<u> </u> *	Minus	***		=		X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								·		+290=	
							L	+145=		OR	TOTAL	
		(Oak		<b>(0</b> -1		· (O.1 O.	A	ADDIT. FEE		OR	ADDIT. FEE	
-		(Column 1) CLAIMS		(Colum		(Column 3)	1 -		1-5:			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
·	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							L	+145=		OR	+290=	•
							A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)			. •			• .
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	<b>dri</b>		=	F	X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
<b>±</b> 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
** [	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT, FEE	
		ber Previously Paid					r foun	d in the app	ropriate box	in colu	ımn 1.	